

Attachment A

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF WEST VIRGINIA

FILED

OCT 21 2020

U.S. DISTRICT COURT  
ELKINS WV 26241

Richard D. West III

Your full name

STATE CIVIL RIGHTS COMPLAINT  
PURSUANT TO 42 U.S.C. § 1983

v.

Wexford Health

\_\_\_\_\_  
\_\_\_\_\_

Civil Action No. 1:20-cv-230

(To be assigned by the Clerk of Court)

5:20cv 230

Bailey  
Mazzone  
Blalock

Enter above the full name of defendant(s) in this action

I. JURISDICTION

This is a civil action brought pursuant to **42 U.S.C. § 1983**. The Court has jurisdiction over this action pursuant to Title 28 U.S.C. §§ 1331 and 2201.

II. PARTIES

In Item A below, place your full name, inmate number, place of detention, and complete mailing address in the space provided.

A. Your Name: Richard West

Inmate No.: 3517744

Address: Huttonsville Correctional Center, P.O. Box 1 Huttonsville  
W.V., 26273

In Item B below, place the full name of each defendant, his or her official position, place of employment, and address in the space provided.

B. Name of Defendant: Wexford Health

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Position: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Was this Defendant acting under the authority or color of state law at the time these claims occurred?       Yes       No

If your answer is "YES," briefly explain: \_\_\_\_\_

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B.1 Name of Defendant: \_\_\_\_\_

Position: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Was this Defendant acting under the authority or color of state law at the time these claims occurred?       Yes       No

If your answer is "YES," briefly explain: \_\_\_\_\_

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B.2 Name of Defendant: \_\_\_\_\_

Position: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Attachment A

Was this Defendant acting under the authority or color of state law at the time these claims occurred?  Yes  No

If your answer is "YES," briefly explain: \_\_\_\_\_

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B.3 Name of Defendant: \_\_\_\_\_

Position: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Was this Defendant acting under the authority or color of state law at the time these claims occurred?  Yes  No

If your answer is "YES," briefly explain: \_\_\_\_\_

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B.4 Name of Defendant: \_\_\_\_\_

Position: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Was this Defendant acting under the authority or color of state law at the time these claims occurred?  Yes  No

If your answer is "YES," briefly explain: \_\_\_\_\_

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B.5 Name of Defendant: \_\_\_\_\_

Position: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Was this Defendant acting under the authority or color of state law at the time these claims occurred?       Yes       No

If your answer is "YES," briefly explain: \_\_\_\_\_

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### III. PLACE OF PRESENT CONFINEMENT

Name of Prison/Institution: Northern Regional Jail

A. Is this where the events concerning your complaint took place?  
 Yes       No

If you answered "NO," where did the events occur?

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B. Is there a prisoner grievance procedure in the institution where the events occurred?       Yes       No

C. Did you file a grievance concerning the facts relating to this complaint in the prisoner grievance procedure?       Yes       No

D. If your answer is "NO," explain why not \_\_\_\_\_

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- E. If your answer is “YES,” identify the administrative grievance procedure number(s) in which the claims raised in this complaint were addressed and state the result at level one, level two, and level three. **ATTACH GRIEVANCES AND RESPONSES:**

LEVEL 1 Emergency Inquiries, Grievances  
LEVEL 2 Administrative  
LEVEL 3 Commissioner

**IV. PREVIOUS LAWSUITS AND ADMINISTRATIVE REMEDIES**

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?  Yes  No
- B. If your answer is “YES”, describe each lawsuit in the space below. If there is more than one lawsuit, describe additional lawsuits using the same format on a separate piece of paper which you should attach and label: “IV PREVIOUS LAWSUITS”

1. Parties to this previous lawsuit:

Plaintiff(s): \_\_\_\_\_

Defendant(s): \_\_\_\_\_

2. Court:

*(If federal court, name the district; if state court, name the county)*

3. Case Number: \_\_\_\_\_

4. Basic Claim Made/Issues Raised: \_\_\_\_\_

5. Name of Judge(s) to whom case was assigned: \_\_\_\_\_

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6. Disposition: \_\_\_\_\_  
*(For example, was the case dismissed? Appealed? Pending?)*

7. Approximate date of filing lawsuit: 2/1/01

8. Approximate date of disposition. **ATTACH COPIES**

C. Did you seek informal or formal relief from the appropriate administrative officials regarding the acts complained of in Part B?  Yes  No

D. If your answer is “YES,” briefly describe how relief was sought and the result. If your answer is “NO,” explain why administrative relief was not sought.

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E. Did you exhaust available administrative remedies?  Yes  No

F. If your answer is “YES,” briefly explain the steps taken and attach proof of exhaustion. If your answer is “NO,” briefly explain why administrative remedies were not exhausted.

Emergencies, Inquiries, Grievances  
Conciliated Adminstrator  
WRBle Commissionor

G. If you are requesting to proceed in this action *in forma pauperis* under 28 U.S.C. § 1915, list each civil action or appeal you filed in any court of the United States while you were incarcerated or detained in any facility that was dismissed as frivolous, malicious, or for failure to state a claim upon which relief may be granted. Describe each civil action or appeal. If there is more than one civil action or appeal, describe the additional civil actions or appeals using the same format on a separate sheet of paper which you should attach and label “G. PREVIOUSLY DISMISSED ACTIONS OR APPEALS”

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1. Parties to previous lawsuit: Wexford Health

Plaintiff(s): Richard West

Defendant(s): Wexford Health

2. Name and location of court and docket number:

1:20-cv-232

3. Grounds for dismissal:  frivolous  malicious  
 failure to state a claim upon which relief may be granted

4. Approximate date of filing lawsuit: 2010

5. Approximate date of disposition: \_\_\_\_\_

V. STATEMENT OF CLAIM

*State here, as **BRIEFLY** as possible, the facts of your case. Describe what each defendant did to violate your constitutional rights. You must include allegations of specific wrongful conduct as to EACH and EVERY defendant in the complaint. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, you must number and set forth each claim in a separate paragraph. UNRELATED CLAIMS MUST BE RAISED IN A SEPARATE CIVIL ACTION. NO MORE THAN FIVE (5) TYPED OR TEN (10) NEATLY PRINTED PAGES MAY BE ATTACHED TO THIS COMPLAINT. (LR PL 3.4.4)*

CLAIM 1: Wexford Health

Supporting Facts: Ignored several months of grievances and Emergency Inquiries  
Losing blood from aileens and hemorrhoids.

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CLAIM 2: Wexford Health

Supporting Facts: went to OUMC Hospital to get three units of blood one unit iron, caught Hepatitis C.

CLAIM 3: Wexford Health.

Supporting Facts: Kidneys, Liver failer from loss of blood.

CLAIM 4: Wexford Health

Supporting Facts: Hepatitis C from blood transfusion never treated.

CLAIM 5: Wexford Health

Supporting Facts: caught covid-19 from co's brought in. Positive for all and have medical records.

VI. INJURY

Liver kidneys, Hepatitis C, Covid-19

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Describe **BRIEFLY** and **SPECIFICALLY** how you have been injured and the exact nature of your damages. Hemorrhoids, Ulcers  
Kidneys, were not functioning well  
Liver, not properly working  
Hepatitis C, not treated caught  
during blood transfusion.

VII. RELIEF

State **BRIEFLY** and **EXACTLY** what you want the Court to do for you.

*Make no legal arguments. Cite no cases or statutes.*

Offer Settlement and treatment  
for Hepatitis C.

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DECLARATION UNDER PENALTY OF PERJURY

The undersigned declares under penalty of perjury that he/she is the plaintiff in the above action, that he/she has read the above complaint and that the information contained in the complaint is true and accurate. Title 28 U.S.C. § 1746; 18 U.S.C. § 1621.

Executed at Hoffnerville Carr Center on 10/5/20.  
(Location) (Date)  
Richard West  
Your Signature

Attachment E

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF WEST VIRGINIA

Richard D. West III

\_\_\_\_\_  
*Your full name*

v.

Civil Action No.: 1:20-CV-232

Wexford Health  
\_\_\_\_\_  
\_\_\_\_\_

Enter above the full name of defendant(s) in this action

**Certificate of Service**

I, Richard D. West (your name here), appearing *pro se*, hereby certify that I have served the foregoing civil action (title of document being sent) upon the defendant(s) by depositing true copies of the same in the United States mail, postage prepaid, upon the following counsel of record for the defendant(s) on

07/05/20 (insert date here):

(List name and address of counsel for defendant(s))

Richard D. West  
(sign your name)